

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 68

Registration District No. 667

Primary Registration District No. 4388

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All life years, months or days

3. (a) PRINT FULL NAME Don Russel Gray

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex M race W 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife K 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 8, 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 1 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Caruthersville, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Robert Gray

13. Birthplace Dyersburg, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Wanda Weaver

15. Birthplace Newbern, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Cellar Sawyer

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof July 16, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie Cem.

18. (a) Signature of funeral director LeFonge Ind. Co.

(b) Address Caruthersville, Mo.

19. (a) July 16, 1941 (b) Ada Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 5th & Franklin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1941 hour 11 minute _____ P.M.

21. I hereby certify that I attended the deceased from 6-29-41
_____ 19____, to 7-15-41 19____;
that I last saw him alive on 7-15-41 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous meningitis Duration 2 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. J. Cook (M. D. or other) _____
Address Caruthersville, Mo. Date signed 7-15-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8-41-16

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. S. Schuman

Licensed Embalmer No. *4086*

P. O. Address *Cynthiana, Ky*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.